



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6357

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/078,927 | FILING DATE 02/19/2002 RULE | CLASS 435 | GROUP ART UNIT 1656 | ATTORNEY DOCKET NO. SJ-01-0032 |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

✓ Thomas Curran, Memphis, TN;

✓ Lakhu Keshvara, Cordova, TN;

DJS

** CONTINUING DATA *****

NONE - DJS

** FOREIGN APPLICATIONS *****

NONE - DJS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 03/16/2002

** SMALL ENTITY **

| | | | | | |
|--|---|---------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Signature | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY TN | SHEETS DRAWING 0 | TOTAL CLAIMS 31 | INDEPENDENT CLAIMS 6 |
|--|---|---------------------------|---------------------|--------------------|-------------------------|

ADDRESS

28258
ST. JUDE CHILDREN'S RESEARCH HOSPITAL
OFFICE OF TECHNOLOGY LICENSING
332 N. LAUDERDALE
MEMPHIS , TN
38105

TITLE

Cyclin dependent kinase 5 phosphorylation of disabled 1 protein

| | | |
|-------------------------------|---|---|
| FILING FEE RECEIVED 595 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|---|